

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107088071

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52				2		
3				1			53				1		
4				1			54				1		
5				1			55				2		
6				1			56				2		
7			1				57				2		
8				1			58				2		
9			<del>1</del>				59				2		
10			<del>1</del>				60				2		
11				2			61				1		
12				2			62				1		
13			1				63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18							68						
19							69						
20				2			70						
21				2			71						
22							72						
23							73						
24				1			74						
25							75						
26							76						
27							77						
28				2			78						
29				2			79						
30							80						
31							81						
32							82						
33							83						
34				1			84						
35				1			85						
36				2			86						
37				2			87						
38				2			88						
39				2			89						
40				2			90						
41				2			91						
42				2			92						
43				2			93						
44				2			94						
45				2			95						
46				2			96						
47				2			97						
48				2			98						
49				2			99						
50				2			100						
TOTAL IND.							TOTAL IND.			4			
TOTAL DEP.							TOTAL DEP.			73			
TOTAL CLAIMS							TOTAL CLAIMS			77			